

Indiana State Department of Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                    |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>012497</b>                | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>08/06/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>LAMPLIGHT INN AT THE LELAND</b> |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>900 SOUTH A STREET<br/>RICHMOND, IN 47374</b> |  |  |
| (X4) ID<br>PREFIX<br>TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| R 000  | <p><b>INITIAL COMMENTS</b></p> <p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: August 4, 5 and 6</p> <p>Facility number: 012497<br/>Provider number: 012497</p> <p>Survey team:<br/>Leslie Parrett RN, TC<br/>Diana Sidell RN<br/>Barb Gray RN, (August 6, 2014)</p> <p>Census bed type:<br/>Residential: 83<br/>Total: 83</p> <p>Census payor type:<br/>Other: 83<br/>Total: 83</p> <p>Residential sample: 10</p> <p>Lamplight at the Leland was found to be in compliance with 410 IAC 16.2 in regard to the State Residential Licensure Survey.</p> <p>Quality Review 08/07/14 by Lisa McColly</p> | R 000   |  |  |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE